WIRTH A CHEAT THE AND WELFARE A A	1502
Registration District No. Primary Registration District No. 3009 Registrar's No. 375	NUMBER
1. PLACE OF DEATH a. COUNTY AUDRAIN 2. USUAL RESIDENCE (Where decessed lived. If institution as STATE Missouri Mor/90	m Edmission)
OR TOWN MEXICO 4 DAYS TOWN Bellflower.	Inside Limits Yes No Reside on Farm
HOSPITAL OR AUDRAIN HOSP Yes PNo 1	Yes No
B.J. KNEUBUHLER DEATH NOV 3	0 1962
Widowed ☑ Divorced □ 11-30-1962 79 Months Day	's Hours Min.
during most of working life, even if retired) Retired Farmer General Duties Warren co UUSSA	<u> </u>
Charles Kneubuhler Minnie Suhre Emma Kneubuhle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
1 18. CAUSE OF DEATH (Enter only one cause per line	flower. Mo.
IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION	5 Yes
which gave rise to above cause (a),	years
	d was female was
19 WAS AUTOPSY 120 ACCIDENT SUICIDE HOMICIDE 12th DESCRIBE HOW INJURY OCCURRED. JETTER DATURE OF INJURY IN PART LOT PART	□ No □ Unknown
PERFORMED? YES NO 60 20c. TIME OF Hour Month, Day, Year	
p.m.	STATE
21. 1 attended the deceased from 1/-27-676 DEAT 14 and last saw him slive on 1/-30)-62
Dearn occurred at m on the date stated above, and to the best of my knowledge, from the	22c. DATE SIGNED
the market has maken his	//- 30 BZ
	1000
Oland A. Jones Bellflower Mo. Www 30 - 1962 Stancke / C. (Licensed Embalmer's Statement on Reverse Side)	ely_
	1. PLACE OF DEATH 2. COUNTY AUDRAIN 1. PLACE OF DEATH 3. COUNTY AUDRAIN 1. CITY (If counted corporate limits, give TOWNSHIP only) 1. CITY (If counted corporate limits, give TOWNSHIP only) 1. CITY (If counted corporate limits, give TOWNSHIP only) 1. CITY (If counted corporate limits, give TOWNSHIP only) 1. CITY (If counted corporate limits, give TOWNSHIP only) 1. CITY (If counted corporate limits, give TOWNSHIP only) 1. CITY (If counted corporate limits, give ToWnship only) 1. CITY (If counted corporate limits, give ToWnship only) 1. CITY (If counted corporate limits, give ToWnship only) 1. CITY (If counted corporate limits, give ToWnship only) 1. CITY (If counted corporate limits, give ToWnship only) 1. CITY (If counted corporate limits, give ToWnship only) 1. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted corporate limits, give ToWnship only) 2. CITY (If counted limits) 2. Counted limits 2. Counted lim

Bermed obland 11/80/62

DECI n JARS

Eggi STNAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose na	ame is recorded on the re-	verse side of this certificate was embalmed by me,
or by	Me	, Student Embalmer No
working under my personal supervision.		io 0 1
StudentSignature of Student Embalmer	Signed	Cland a Jones
		Licensed Embermer No. 2978
		P. O. Address Bellflower Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.